

**Working in the Time of COVID-19 Oral History Project**  
**Labor Archives of Washington**  
**University of Washington Libraries Special Collections**

**Grace Land**  
**Sterile Processing Technician, Good Samaritan Hospital**  
**Vice President, SEIU 1199**

**Narrator:** Grace Land

**Interviewers:** Conor Casey

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CONOR CASEY 00:00:16: Good morning. This is Conor Casey from the Labor Archives of Washington. It's December 2, 2020. And I'm interviewing Grace Land of SEIU [Service Employees International Union] 1199 Northwest as part of the "Working in the Time of COVID-19 Oral History Project." Grace, I just wanted to make sure it's okay with you if we record this interview and add it to our collections and make it publicly accessible so people can hear your story?

GRACE LAND 00:00:42: Yes, you may.

CONOR 00:00:43: Oh, thank you so much. Could you, just for posterity, state your name and spell out your first and last name?

GRACE 00:00:52: Grace Land. G-R-A-C-E L-A-N-D.

CONOR 00:00:57: Thank you. If you're comfortable, I wonder if you could say how old you are, what your birth date is, and where you were born?

GRACE 00:01:05: 59. I was born in Honolulu, Hawaii. And you want my job profession?

CONOR 00:01:13: Oh, we'll get into that in a sec. Thank you. Thank you— I appreciate it. What gender do you identify with? What are your preferred pronouns?

GRACE 00:01:23: She/her.

CONOR 00:01:24: Okay, thanks. And how about in terms of race or ethnicity? Do you identify with a particular group? Or do you have a particular cultural tradition you identify with more?

GRACE 00:01:34: I'm Chinese-Hawaiian.

CONOR 00:01:36: Okay.

GRACE 00:01:36: But I'm API [Asian/Pacific Islander], I guess.

CONOR 00:01:39: Okay. Thank you. Could talk about what social, political, ethnic or religious communities you associate with most?

GRACE 00:01:52: I am just— Locally, I'm politically involved.

CONOR 00:01:57: Okay.

GRACE 00:01:57: That's about it. Just politics!

CONOR 00:01:59: Okay. Thank you. And where do you live now, Grace?

GRACE 00:02:04: I live in Spanaway, Wash— Well, I live in Tacoma, Washington.

CONOR 00:02:10: Okay. Can you introduce yourself and talk about what your occupation is, what your profession is, and how long you've been doing it?

GRACE 00:02:21: I am a sterile processing technician. I've been doing this for 37? Too long! 37 years (*laughs*). Most people don't know what a sterile processing technician is, so I always have to explain to them, and it basically is— It's a job where we process and sterilize equipment sets for the OR [Operating Room], for their surgeries. We pick their cases for the following day. Some places we're getting out of that, but some places we do also products for the entire hospital, supplies and all that. Where I work, we walked away from that, and we're just solely for OR now. So I think that's where we're going. Most of the department, SP, is going just solely to OR. What we do: sterilize and process instrumentation.

CONOR 00:03:31: You mentioned that you had been in the profession for 37 years. I was wondering how long have you been at the particular workplace that you're working in?

GRACE 00:03:39: That long!

CONOR 00:03:40: Oh, wow. Okay.

GRACE 00:03:42: Night shift, too! (*laughs*)

CONOR 00:03:43: Wow, yeah. Okay. And what—did you say the name of the hospital that you're working at?

GRACE 00:03:51: At the Good Samaritan Hospital in Puyallup.

CONOR 00:03:54: Okay, cool. Thanks. And then it sounds like you're a member of SEIU 1199. I was wondering how long you've been a member of the Union?

GRACE 00:04:03: I'm one of the founding persons. That was in 2002.

CONOR 00:04:11: Wow, that's awesome! Okay. Can you talk about some of the offices you've served in the union? I can imagine there's probably a ton of different ways that you've been involved over the years.

GRACE 00:04:27: Executive board. I started off bargaining our first contract and then they recruited me—Emily [Von Bronhurst] recruited me. She got me to step up and run for the vice presidency. So I've been doing that since 2004.

CONOR 00:04:46: Wow.

GRACE 00:04:48: Yeah, something like that.

CONOR 00:04:50: Okay.

GRACE 00:04:50: Yeah. (*laughs*)

CONOR 00:04:53: And it sounds like you're also active politically, like you do COPE [Committee on Political Education] stuff? I'm not sure what you call it within your union, the political committee?

GRACE 00:05:01: Yeah. I got involved with politics because one of our nurses, Dawn Morrell, she ran for state representative, and we were bargaining our first contract, and so SEIU was recruiting for help

for door belling. And I figured, Why not? I know her! I'll do it, sure! It just so happened I was the only one that showed up! (*laughs*) And so I ended up pairing up with Diane Sosne, our president. I didn't know she was our president at the time! (*laughs*) If I had known, I probably wouldn't have been that chatty! But, yeah, so all our hard work, our efforts working for that campaign, Dawn Morrell, I saw how that worked from the beginning! We got her into Olympia, she won. And then, at that time, we had issues. Our health care workers were getting hurt on the job, and so we got her to sponsor a bill, the Safe Lifting Bill, and we got our members to go there, to Olympia, testify how they were getting hurt on the job and we needed mechanical lifts. We couldn't do it manually anymore! And so Dawn Morrell, you know, she was the chair of the Health Care Committee in Olympia! So we saw from the beginning: here's our nurse, our friend, we got her into Olympia, and how we need her help. And we got the bill! Washington State was the first state to have such a bill: all acute care hospitals had to have mechanical lifts now. So we saw the process and I just thought, "Wow, this is how it works." And I never looked back.

CONOR 00:06:53: Wow, what a great demonstration of how it's important to be politically active! (*laughs*) To sort of get a sense of what your typical day was like, before the pandemic, can you run me through a typical day—If there is a typical day—from the time you woke up to the time you went to bed, before the pandemic?

GRACE 00:07:00: Before the pandemic?

CONOR 00:07:17: Yeah.

GRACE 00:07:18: My typical day. Well, we were in bargaining—I remember that day quite clearly, when Inslee implemented—or mandated the lockdown, I think it was. So my typical day before the pandemic was all work. That was in the springtime. I work a night shift. So I would come home—I stay up and catch up on some of the work that I need to do union-wise. It's one of the good things of working night shift is I don't have to take time off, right? I just lose sleep! So I come home, I would get on the computer, I would start answering—doing my email and then setting up meetings, attending meetings, and then my downtime would be about 3 o'clock in the afternoon. I don't do any meetings after 2 o'clock. I make sure everything's clear and then I hit the sack about 3 o'clock and then I wake up about 8:30, get ready, go to work. (*laughs*) That was my normal day! And I do stretches: I work seven days in a row and then I'm off. So I have long stretches to work and then I'm off and then I work, again, my stretch so—"all work and no play." (*laughs*) So, that was my normal day, busy with union work and busy working before the pandemic.

CONOR 00:08:59: How about your routine in the workplace? What would that be like? How do you structure your day?

GRACE 00:09:06: In the workplace, so— We went through something very—in my department, in OR, Surgical Services: the OR and Sterile Processing, back in November of 2019. We started having contaminants in our sterile trays, and we could not trace it. We were having to cancel surgeries, and we would have patients open in the room, already open, and then we'd find contaminants in our pans. And then we'd have to shut the whole room down, close it down. So that was going off for like a month, and then in December, they finally had to shut down the OR. So for two whole weeks, OR—we didn't do any surgeries because we had to trace, we had to find where these contaminants were. And so, the OR folks, they were able to find—or MultiCare was able to help float them to other floors so that they didn't have to use up all their time. And for those who wanted to use their time off, or PTO—vacation time—they could use it. So, a lot of folks did take advantage and they used the time off, and we did, too. Because— Although we had a lot of work, because we had to tear down all our pans! In my unit, we have thousands of instrumentation, and we had to tear it all down! So SP was very busy; we didn't have any time off. We had to go through our whole department, tear down everything. We changed our machines, our equipment. We spent millions of dollars, and we also lost millions of dollars. So, in that process, we were backed up with cases. During that time of the year, people do elective surgeries for insurance purposes. So we lost a lot of money in the two weeks that we were down. After we were able to find out where all the contaminants were coming from, new machines. In January-February, we anticipated a huge uptick in patients again, coming back. It didn't happen. (*laughs*) I don't know why, but it didn't happen. We didn't see the huge increase in surgeries. But they eventually—it took us just before the pandemic—it took us that long for us to recoup or bring back, do all those cases that were canceled—bring it up to par now. So we were pretty much even. We were able to do those cases that were canceled or rescheduled. So that was just before the pandemic. So we were pretty busy before the pandemic regarding getting our surgeries done, doing the surgeries that were canceled in December. And then COVID hit! So for those of us— For the OR people who had used their time, they didn't think something like this was going to happen. And then, of course, we couldn't do elective surgeries, right? It was only emergent surgery. So it was almost like we went back to December again, and shut down. So for those folks who used up all their time during that time, had no time now to use during COVID. But maybe I'm getting ahead of myself. I just want to say this is the time to be in the Union, during COVID. Because we were able to bargain contracts—COVID contracts for the health care workers, and it helped a lot for these folks who didn't have the time to use because of low sensing. So, just then, in my job and the OR, we were kind of hit with a "double whammy " in the winter time and then in the springtime.

CONOR 00:13:23: I don't want to impose my own interpretation, but what I'm hearing from you is it sounds like there's this routine stuff that you're always doing: sterilization and quality control. But then there also can be these big projects that emerge where you have to do these whole system level troubleshooting things. So in a way, your typical day can really vary widely, depending on what's going on within the system, huh?

GRACE 00:13:56: Exactly, yes.

CONOR 00:13:57: Okay. And I think you touched on this a little bit, but I wonder if you can reflect on how your work has been impacted or disrupted by the pandemic?

GRACE 00:14:06: (*laughs*) So, let me see. We had to shut down again—or elective surgeries, again, were put on hold, and we were only doing emergent cases. When that was lifted, we were expecting— We hired travelers because we were expecting all—influx of patients—people coming in to do their elective surgeries, right? That didn't happen. I think people were afraid to come to the hospital. We had a lot of extra help because we anticipated it. We hired travelers; all the hospitals in a MultiCare system. We had 18 travelers floating around in the system, but we didn't see that surgery uptick! People weren't coming in. (*laughs*) So, we have—people were just standing around, we had people— extra help. And we had already done what we did in December: We cleaned everything, we went through all our pans, we cleaned all our shelves, just spotless. It's not like we could do it again! We just did it! (*laughs*) No. So we had a lot of downtime. When we anticipated people coming in, they didn't come in.

CONOR 00:15:28: What did it end up being? Did you ever trace it to the source? Or how the heck did that?

GRACE 00:15:32: Yes! Machinery: the rubber gaskets, the plastics. They were just—wear and tear. When you're allowed so much in your budget to maintain your equipment, and you have brand new equipment— We've been in this tower for maybe eight years now, the new part. You would think if you buy a Mercedes, you take it to a place where they specialize in repairing Mercedes, right? We didn't have the budget. So we had to utilize—not putting down our own maintenance folks, our engineers, but they were the ones that were PM'ing [preventive maintenance] our machines, right? And so, throughout the years, it was just a wear and tear and and just not— What our managers, our heads, said, “Yeah. We should have gone with the contract, with the folks that manufactured these machines to service them, but we used in house—”

Yeah, so it was a breakdown, a wear and tear of gaskets, just in time where they became black flecks. You probably wouldn't even see it, but with our eyes, we're trained, we saw it and it's not acceptable. It was just showing up all over the place.

CONOR 00:17:08: Wow, I guess I didn't realize— Thank you for teaching me about how precarious the budgets, and the seasonality of the elective surgery, and hiring a bunch of travelers to come in—how that could really impact the budget if one thing goes awry during that whole cycle.

GRACE 00:17:27: Yeah, yeah. We still have some of them from COVID.

CONOR 00:17:34: And were you designated as frontline or essential workers but as part of the Washington Governor's "Stay Home, Stay Healthy" order? I'm guessing that you had to keep working, right, because you were seen as essential.

GRACE 00:17:49: Yeah.

CONOR 00:17:50: Yeah. Okay. It seems like, if anybody, health care workers would be! (*laughs*) I just wanted to double check.

GRACE 00:17:56: We had no time off. (*laughs*)

CONOR 00:17:57: Oh my god. Yeah.

GRACE 00:17:58: Which was weird because I live in a cul-de-sac and I— As I'm coming home, in the morning, the driveway, everybody's gone, right? They're gone to work. But during COVID, it was just weird! Like I was the only one working! My neighbor's cars were still in the driveway in the morning when I'm coming home! And I'm thinking, "Wow, I am so fortunate!" because my neighbors—they weren't working. My next door neighbor's an X-ray tech and she goes from clinic to clinic and she wasn't working: her hours were cut. And then I have airport workers and— My car was only one going to and from! Everyone else's car was in the driveway. That was really weird!

CONOR 00:18:46: Yeah, kind of like going through a ghost town or something except everyone's there instead of gone! (*laughs*)

GRACE 00:18:53: It was nice, though. We call it Meridian, the main road there?

CONOR 00:18:58: Oh, yeah.

GRACE 00:18:59: Oh, my God. Crazy traffic, right? But during COVID? Awesome! (*laughs*) Nobody! It's nice.

CONOR 00:19:09: Did you ever feel that you were in danger or that your health was threatened as part of your job as a result of the pandemic? And could you describe how you felt?

GRACE 00:19:19: Well, in our profession, we treat everything universal. PPE is our garb, from head to toe. We are used to that. Whatever we do, is from head to toe in PPE. Regardless [of] if it's COVID or whatever. You can come down and tell me, or the techs will come down and tell us, "Hey, this patient was a COVID patient," but we're treating it like everything else: full-on PPE. But in the beginning we didn't know. PPE was scarce, hard to come by. And, for us, it was really difficult for us to change our best practice, which is: every time you take off your PPE, you put on a new one. New gown, new mask, everything's new. But now we had to start conserving and reusing. It was so difficult for us to reuse the same gown, and same mask, and wipe it down with alcohol. It was really difficult for us in the beginning!

CONOR 00:20:35: And did your employer continue providing PPE during that time, and you just had to kind of ration it? Or did you go about obtaining it some other way, beyond that?

GRACE 00:20:50: In the beginning, again, we did have to ration, conserve. And then we were able—we found—I don't where they found their resources, but we were able to have our PPEs. But we still are conserving, being mindful, anticipating what's going to happen—what probably is going to happen: an uptick in COVID. But we're very mindful now that once we're in this "de con" [decontaminated] area that we stay in there and not just leave as often as we used to. So, we've changed some of our practices, just being mindful of our PPEs and conserving. I would say our hospital has been pretty good at keeping the PPEs. I can't speak for the other floors. For us, at least, and for the folks around that we work with, we've been pretty fortunate. Although we did, in the beginning, like I said—everything is so new, right? We did have to hide or put away our PPEs. It wasn't easily accessible anymore. I know, in OR—people were taking them. People were hoarding them, taking them. So, in the OR, by your sinks and everything, you have your gloves and your masks and—No longer. The charge nurse is in charge of it now.

CONOR 00:22:32: Is that because you feel like people who were in more direct contact consistently with the public were scared about not having enough equipment?

GRACE 00:22:41: Probably! Yeah. Probably.

CONOR 00:22:46: You mentioned how some of your practices changed in terms of staying in the decontaminated zone, and wiping stuff down, and reusing stuff. Did any of your other job responsibilities change as a result of the kind of sanitation practices that had to be put in place?

GRACE 00:23:07: You can't find Sani Wipes at Costco, right? But we have [unintelligible] of them in our department. Yeah, they're all over the place! Sani Wipes all over. That's what we do now. Whenever we come on, after we leave our stations, we wipe down everything. And then, of course, we're doing this social distancing now, and our break rooms. Last night, we're only limited to four in our break room, and I totally forgot that there's five of us working. And we were so busy! And we finally were able to take a break and like, "Oh, man, there's five of us! We're only allowed to have four." And I just said, "Go ahead and take a break, and I'm gonna stay back here and work on my schedule." Yeah. So the social distancing in our department, the wearing of the mask in our—We never had to wear a mask in our—in the assembly area, in areas outside of decon, but now we do. Sometimes you have to take it off. And it's like, "Darn!" You know, "I'm missing out on all this fresh air!" As soon as you take it off it is like, You can breathe now! Yeah! And we're developing a rash. A Lot of us are developing these, like pimples or whatever, around the mask line. *(laughs)* And we're comparing our faces. *(laughs)*

CONOR 00:24:34: Wow, yeah. A whole new occupational illness, kind of! *(laughs)* God, that sounds really harrowing. Did your staffing change during those surges, like from the spring to the fall to these



different peaks? You mentioned how sometimes you'll staff for elective surgeries and have travelers come in. What was it like in terms of coverage during these peaks of the virus?

GRACE 00:25:04: We had ample stuff. We staffed really well for it. Yeah, it was really nice. So they slowly started leaving. *(laughs)* Now we have to work work! *(laughs)* But yeah, we were— MultiCare staffed up. They did. And we had never had travelers ever. And so it was new for us at Good Sam [Good Samaritan] to have travelers, so— We had many, and we still have some.

CONOR 00:25:42: You mentioned that you all were in contract negotiations right at the beginning of the pandemic, and it sounded like you were saying that you also were negotiating provisions that related to health and safety or hazard stuff that related to the pandemic too. Could you talk a little bit about that?

GRACE 00:26:01: That's a separate contract.

CONOR 00:26:02: Okay.

GRACE 00:26:03: Yeah. So our contract expired. So we were bargaining then, but then the pandemic happened, and we had to bargain a COVID contract. And so we got together with the nurses union, the WSNA [Washington State Nurses Association] and UFCW [United Food and Commercial Workers]— So, all three unions, we got together and we bargained our COVID contract. I think we're going on our third contract. December 19, the second contract expires, so we're going to have to bargain our third COVID contract. Yeah, thank goodness for those contracts! Because we were able to negotiate having our members be able to move around within the system. So, for instance, our sleep lab folks—people weren't coming in for their testing, sleep testing. So, some of them were able to move around to other clinics, hospitals and do—the dispatching for COVID? Yeah! They were doing, like, clerical work, which was fine for them. Something different, right? But through the COVID contracts, we were able to negotiate. MultiCare agreed to help with employees, move them around if they wanted to so they didn't have to use up their PTO or vacation time. That was a good thing, and then the hazard pay, for if they were exposed on the job. They could get tested. They didn't have to use up their time if they had to quarantine themselves. So all that, which is good.

CONOR 00:27:56: Yeah. So do I understand correctly that you're saying that these were short term, based on the pandemic, that had several different terms that were then renewed, and they were multiparty in terms of like a coalition of [UFCW] Local 21 Nurses? 1199?

GRACE 00:28:11: Yeah. Yeah.

CONOR 00:28:11: Okay. And was it all within the same system, and then maybe other systems had other contracts? Or was it—

GRACE 00:28:20: I think it's within the same system. But then we also—like Providence, they had to bargain their own, separate with that system. So, yeah, but it was the unions all together doing it.

CONOR 00:28:35: And so it allowed for basically a dispatch system, right? It temporarily allowed people to delegate and move work around so that nobody was out of work?

GRACE 00:28:47: Yes.

CONOR 00:28:47: Oh, okay. How did the hazard pay thing work? Were you part of the negotiations?

GRACE 00:28:53: I wasn't part of the negotiations, but I will be coming up. The hazard pay pertained to folks who have direct patient contact.

CONOR 00:29:06: And do you know anything about how they were able to do that? And if there were any other specific provisions for folks that are in direct contact with patients who are the very front line of people that were part of those provisions?

GRACE 00:29:25: I'm not— I don't—

CONOR 00:29:26: Oh, sorry. So you mentioned that as part of this kind of interim pandemic-based multi party contract, that hazard pay was one of the things and that they distinguished between people who are frontline workers who are in immediate contact. I'm just wondering whether there are any other protections or health and safety concerns, or other things that were part of that temporary agreement?

GRACE 00:29:52: I think the PPEs— I'm not quite sure about the specifics on PPEs, especially for respiratory therapists— the ones that had to use the N-95. I think there was language for that, but I'm not quite sure on the specifics.

CONOR 00:30:18: It sounds like there's a multiple part strategy. And I'm wondering what were some of the actions y'all took to address some of the issues? I know that you were in contract negotiations in the beginning of this, and then there was also informational picketing, and then there's also this hazard pay negotiation thing. Was there also shop floor actions, or letter writing? What kind of things did you engage in during this time?

GRACE 00:30:47: No— We didn't have any kind of actions. I don't— There was— I—There wasn't a need for it. I mean, it happened really quick. Our unions stepped up to the plate really quick. They bargained this contract, and they got it in place. So we didn't have any— Not in the MultiCare system, at least. I don't think of any others. Maybe now as it has gone on, I think we are struggling, there are some— I am having issues— I'm also a delegate, so I represent members, and, right now, I'm currently working with the respiratory therapists in the hospital, who feel very— They're having staffing issues,

and they would like to have hazard pay because, unfortunately, this time around, the second contract, MultiCare took a lot back! They took away a lot. So maybe the first contract was really robust and awesome, but it wasn't quite the same on the second COVID contract. So now I have the RTs really concerned, and we're setting up meetings to address it. I think we're going to take action, do a petition first, and then I think we're gonna maybe have them participate in the bargaining COVID contract that's going to expire.

CONOR 00:32:25: In general, how do you feel about how the MultiCare, or the specific hospital you work at has responded to the pandemic? How do you feel about how they've done that?

GRACE 00:32:39: I think they've done really well in keeping us informed and being transparent. We get an update, I want to say, every few days; a couple times a week, via email from MultiCare regarding—and it's all numbers, data and everything too, within the system regarding COVID and guidelines, you know, it's constantly changing. So they keep us pretty informed about—and I really think they're very transparent about it. But, like I said, I don't work directly with the patients, I'm not on the floors, and I do hear members complaining—I think it's a communication problem between employees. You know, an employee will find out down the road that she was exposed to a patient who was tested positive. The RN should have said something, they should have notified them, but it's not happening. So there's a lack of communication there, and that's what we're seeing. MultiCare needs to maybe step it up and improve on the communication somehow between staff. I don't know.

CONOR 00:33:57: It occurs to me that you're part of this broader occupational community of healthcare. And I wonder if you have the opportunity to know of how your experiences and the responses compare with non-union workers in the same industry? Like how their experiences do you know, anybody who's not part of union, who's in the same industry?

GRACE 00:34:15: My next door neighbor, she's an X-ray tech, and we always share stories. She got her hours cut really— She was at full time, and then she got her hours cut, and she's only working I think—I forget what, seven, seven days as opposed to 10. Ten days a pay period. She's down to seven. And she, when it first started, she didn't work for a bit because they weren't sure what to do, or I don't know but— Then she started, and she's still not back to work full time. She's still floating around. Even moreso because they did cut staff. She told me that they did cut a lot of staff so, when she does work, she's all over the place. She goes to all these clinics and she doesn't have the appropriate PPEs also. I don't want to name names! *(laughs)* This is the other big health care system in King County besides MultiCare, and she worked for them, anyway— Yeah. *(laughs)* So she's like, she envies us. And I always tell her— Because she used to work at Good Sam. She used to work in X ray at Good Sam. But she moved on to the other health care system. She likes the ability to come home for lunch— Before the pandemic, she always used to come home for lunch, and just use a car and travel a lot, but now, her hours are cut, her PPEs— We have to conserve. She uses it over and over and over, her PPEs. She has more time. She rescues cats, so she has more time rescuing cats. But we chat back and forth, and she did wish she was

union just so that she was protected. She didn't have any vacation time. For all the time that she had to spend during the pandemic, the lockdown, everything— She used up all her time, and she's still working. She's a .7, seven days a pay period, and so it's difficult for her.

CONOR 00:36:31: That's interesting, because I feel like sometimes when people think of unions, they think of it as mostly Wage and Hour issues. But so much of this is health and safety and distribution of work, you know?

GRACE 00:36:40: Yeah.

CONOR 00:36:45: It sounds like you were able to continue working through this unlike your neighbor. Did you access any government or community support during the pandemic? Or did you face any challenge?

GRACE 00:36:57: *(shakes head "No")*

CONOR 00:36:57: Okay. Did you happen to get sick? Or did you know anybody who did?

GRACE 00:37:04: No.

CONOR 00:37:05: Oh good. Okay. Do you know if any of your family or friends or neighbors helped you in any way as a result of the pandemic?

GRACE 00:37:17: If they helped me?

CONOR 00:37:19: Yeah.

GRACE 00:37:21: No. We didn't need the help. *(laughs)*

CONOR 00:37:22: Okay. Okay, thanks. Some of these are the form questions, I'm sorry that they're a little bit— *(laughs)* You kind of covered that. What have been the most challenging parts of life for you during the pandemic?

GRACE 00:37:41: So it's just my husband and I, and I hate to cook. *(laughs)* So we went out a lot to eat. We went out a lot, or I sent him out to go get something. So, during the pandemic, we don't go to restaurants anymore. We've done it maybe twice, and I learned—I'm cooking more. *(laughs)* But I did learn when we first— When I first went to Costco after the lockdown was lifted, or—you could go to the grocery stores, but I hadn't gone to Costco in ages. I would just go to the grocery store and come back, and that was it. Or go to work. But my first time to Costco, I think I almost had an anxiety attack because I could not deal with being around all the people there! Even though we were trying—you had

to be social distancing that I told my husband, "Let's go! I can't." That was really, really a weird experience to be amongst all these people after being out of it. Regarding the change, I saved a lot of money. Oh my gosh! I am paying my bills on time! Not only did we bargain a really awesome contract, (*laughs*) we got really awesome pay for our job profession, but I've saved a lot of money not having to go back and forth to meetings. Because I represent a lot of my members, I'm always having to go to meetings. Now it's all Zoom! So I save a lot of money on gas, a lot of money from eating out. So I can pay my bills on time! (*laughs*)

CONOR 00:39:32: That's interesting. So are you saying that before you mostly— Because I know that you're very involved in the unions, and you're mentioning the meetings—did the meetings mostly occur in person before and pivoted to be mostly online after?

GRACE 00:39:52: Yeah. Oh, my God. Zoom is a savior! Yeah, I don't know what I'd do without Zoom. I don't want to go back to in-person anymore! I really, this is so convenient—the Zoom meetings. I was— My husband and I did take a trip to Eastern Washington for vacation, a road trip. And I had to do a meeting. I just couldn't get out of it, and so I did it through Zoom! (*laughs*) And it was so cool to be able to just do a Zoom meeting in Eastern Washington, you know?

CONOR 00:40:28: Was there a learning curve for everybody who started—as they were starting to do it? Like, what was the process when people transitioned?

GRACE 00:40:33: Oh, yes! A Lot of our— We have service, folks, housekeepers. And it's a profession that—a lot of folks don't have that technology, or they just have their phone or [are] not even able to do it on their phone. So, that's a challenge and it still is a challenge when we need to set up group meetings, especially through my political work, and you have to do a lot of phone banking and stuff. A lot of our members— I wouldn't say "a lot," but it's a challenge because our members, especially in the service, are not up to par with the technology. So, it's still a challenge.

CONOR 00:41:20: Do you know if your organization made any efforts to try to get tech to people or help hook them up with WiFi or any stuff like that to help address that disparity?

GRACE 00:41:33: No. Okay.

GRACE 00:41:35: Yeah, that's a good idea. Might mention that, Let's try and help our members.

CONOR 00:41:42: You mentioned the thing about having a pretty good contract, and I'm wondering whether— I'm trying to distinguish between the one that you all were engaged in before the pandemic, or right at the beginning; and the interim agreements. With the main one that you were bargaining, did the pandemic give you leverage?

GRACE 00:42:03: It did. It did. Oh, my God, we took advantage of it! Because they wanted to get it over and done with. Because they had bigger fishes to fry with COVID, the pandemic. We ratified in—February? We knew it was our time. And we knew that we had the leverage because of the COVID. And they were too busy. We actually did the last several of our meetings bargaining through Zoom. That was a challenge. It was all new for us. Zoom was new back then, too. (*laughing*) So yeah, we did bargaining through the computer, through virtual. It was really weird, but we had the leverage. I've bargained every contract. That was the best contract we ever had. Ever.

CONOR 00:43:01: That's amazing. Wow! Were you ever quarantined? At any point during the pandemic?

GRACE 00:43:16: No.

CONOR 00:43:17: And did you ever feel like your housing or your housing situation felt threatened by the situation?

GRACE 00:43:25: You know, in the very beginning, because I work in health care— We didn't know. And my husband is much older than I am. And even if he wasn't in that age range, I was leery of bringing anything home. I was afraid, and I still am—coming home. Fortunately, it's just my husband and I, but I do— My mom—she lives by herself. She's in her 80s, and, for Thanksgiving, for the first time ever, we all celebrated separately. She did not want to do Thanksgiving with any of us. We made a plate for her and we sent it off to her, but I am leery, because I'm a health care worker, of exposing other folks.

CONOR 00:44:24: Did you have a kind of practice as you came home when you first came back from work? At the beginning?

GRACE 00:44:32: No, because we change.

CONOR 00:44:35: Oh, yeah!

GRACE 00:44:35: So it's not like I'm bringing home the clothes I wear. I change everything. Shoes and everything stays in my workplace.

CONOR 00:44:45: What was it like? You mentioned celebrating the holidays separately. That kind of calls into question: Did you both eat separately or did you Zoom together? Has your social life evolved in that same way? Do you Zoom with people or friends when you're in lockdown?

GRACE 00:45:06: My mom doesn't know how to Zoom, so we did a phone conference all together. My husband's side, his sister who contracted COVID—she's just getting over it. We called her and we did

FaceTime with her. So we did FaceTime with the Texas in-laws, and then, for my side of the family, we did phone conference. Normally, on my side of the family, because we're all here in Washington, we all live in Tacoma, Puyallup, and we always spend the holidays together, but this time we didn't.

CONOR 00:45:47: In terms of the economics of the pandemic, the impacts, you mentioned a couple things, which is that you were able to keep working, and that the contract was actually pretty good. Did you wind up gaining any hours as a result of it? Like when there was a surge?

GRACE 00:46:04: You mean working overtime? Or—

CONOR 00:46:08: Yeah, yeah.

GRACE 00:46:10: Yeah. The managers put it out there that if we wanted to work overtime, we could, so I put in some time.

CONOR 00:46:24: In terms of socializing, Have y'all done any socially distant hangouts when the weather wasn't crazy? (*laughs*) When it was actually warm?

GRACE 00:46:31: No.

CONOR 00:46:34: Okay. Do you feel like the pandemic has impacted your ability to get access to food or foods particularly that you find resonate with you or your culture or your family's practice or just your regular habits of eating?

GRACE 00:46:54: Food's expensive now! It's not food, it's all the cleaning stuff!

CONOR 00:47:02: Yeah.

GRACE 00:47:03: Can't find that.

CONOR 00:47:05: How do you feel like the pandemic itself has impacted your sense of personal well-being?

GRACE 00:47:14: I would say this year—it has been just a "blah" year. My husband, though, he's very active. He has his golfing buddies, and I always make sure he wears a mask and has his sanitizer with him, and he goes to the gym until they close down again. Yeah, he's in his 70s, and he does all that! So I'm like, "Maybe I should be wary of him giving it to me!" But, anyway, he's pretty good at practicing safe habits. But yeah. Regarding my well being? It's just been not very, yeah— Just blah! Can't wait for next year! (*laughs*)

CONOR 00:48:09: Yeah. Well, you were kind enough to walk me through a typical day before the pandemic. I wonder if you can walk me through a typical day from the time you wake up and go to sleep—at work and your day, during the pandemic, now. What's it like now?

GRACE 00:48:27: The only difference is now I'm doing Zoom meetings, so instead of having to make time, get ready, come home, get ready, take a shower, stay awake, and then go off to the hospital, get in and do my meetings, I can come in here— You don't know what I got on the bottom, do you! *(laughs)* So I can come in here, shut the door, and have my tea right here, and then set up all my meetings. And then I call it quits about two o'clock, and go to bed!

CONOR 00:49:01: Wow! It actually sounds like you might actually have a little extra time because you don't have to commute back and forth to the meetings all the time after work.

GRACE 00:49:08: Absolutely! I love it.

CONOR 00:49:09: Yeah. You mentioned the steps you and your co-workers took to deal with PPE, and protect yourselves. And also that you felt like the administration or management in MultiCare was pretty responsive. Are there any other instances or examples that you can think about—steps that you and your co-workers took to kind of fix things that emerged as a result of the pandemic? And what were the outcomes of that?

GRACE 00:49:44: I can't think of any.

CONOR 00:49:52: Did you wind up helping neighbors and your community understand the pandemic? As a health care worker, as somebody who was tied in with a larger understanding about what the scope of this thing was? Did you educate people?

GRACE 00:50:09: This isn't the first interview *(laughs)* I've done a couple interviews already through local community—Tacoma community leaders and their groups. I don't know what the names are! They were doing it for—education-wise, also. So I've done that, and, through my political work, when you're phone banking, and you're talking to people, when you mention that you're a healthcare worker. Oh, my God! They listen, right? Their ears perk up, and they start listening, and they start asking questions. So I had a lot of opportunities *(coughs)* during my phone calls to talk about the COVID and what healthcare workers are experiencing.

CONOR 00:51:07: How did the community groups find you? Were you referred to them? Or did the people seek you out? Where did they come from?



GRACE 00:51:16: My name's out there in the political community. *(laughs)* So I think one of them—their spouse is part of this advisory or consulting thing, so she called me and then another group— My name's out there! *(laughs)*

CONOR 00:51:34: Yeah, yeah. I found you on the website. You're Google-able! *(laughs)* Yeah. Another thing that emerged from this particular moment— And maybe partly because people were out of work or more available, was this wave of protest, this new civil rights movement, Black Lives Matter, during this summer. I was wondering what your observations and thoughts were relating to this movement? Or your involvement or what your observations were?

GRACE 00:52:11: So I work with co-workers who—I have a difficult time getting them to understand what Black Lives Matter is, means. It's very frustrating for me. Maybe I'm not doing— I don't know how to, or I'm not articulate enough to. *(sighs)* These are Trump supporters! *(laughs)* They're all about conspiracy. When they say Sandy Hook was a conspiracy, it's like, I can't waste my time. When a black person walks in, a member, an employee walks in our break room, and then he gets up and leaves abruptly— I don't know what was—he was upset. And then, you know, my coworker makes a comment about "This is what Biden's bringing! All this agitation!"

And I'm like, "Oh, my God!" Yeah, I— So, the Black Lives Matter, I truly understand. I get it. I'm all for that, and trying to explain it to my co-workers when they're just so Hell-bent on conspiracy theories. That's the frustrating part for me is trying to—working with my co-workers, working with people that *(laughs)* I can't relate to. So that's what's difficult for me. I got to figure out a way to— Or maybe there is no way. I don't know.

CONOR 00:53:58: Were you or was 1199 involved with the Black Lives Matter protests in any way? Either organizing or support?

GRACE 00:54:05: Oh, yeah. There were opportunities for us to be out there. Very much.

CONOR 00:54:14: Do you have any experience—

GRACE 00:54:16: I'm sorry—I don't want to interrupt. So because SEIU takes a stand with Black Lives Matter, my members, my co-workers don't get it. They don't understand why the union is involved. "Why are they out there?" Like, "They shouldn't be out there!"

CONOR 00:54:39: Well, that's a really good point. What parallels can you draw between Black Lives Matter and the issues of race in the workplace today? How do you think that they're connected?

GRACE 00:54:50: These people I'm working with, they're people of color! *(laughs)* And they just don't get it! When Trump was first elected, one of my members, she was so afraid because of the immigration

rules that he was threatening to change, or has changed. So she quickly got her citizenship in order. And now she's an American citizen. But she voted for him! Oh, my God! The first time she can vote for a president, she votes for President Trump? And then she is the very one talking about "Black Lives Matter is all about violence. Why do they have to— Why are they breaking windows? Why are they breaking, going breaking into businesses?" and "All they do is fight and kill!" And all that. And I'm just— Yeah, I tried to explain to her "It's not them." It's— I don't know—

CONOR 00:55:57: Well, thank you for reflecting on that. I guess the next questions are overview or more philosophical ones. How do you think life will be different after this?

GRACE 00:56:08: I don't think it's gonna go back to what it was before the pandemic. I think, in a way, it's unfortunate. Especially for the small—for the businesses. They're going to find ways to probably keep it going the way they're doing now, with the minimum staff. They figured out a way, "Hey! We can operate with less staff for—" I don't know. I'm thinking they may not go to full operations, these businesses, restaurants. They'll find a way to continue to operate the way they are doing, maybe amp it up a little bit more. I don't know. I just feel like maybe—unemployment may not be good. And we probably, yeah--

CONOR 00:57:06: What has surprised you about this period of time?

GRACE 00:57:12: People. People and their views. They came out of the woodwork. The ugly people came out of the woodwork! That's what surprised the heck out of me! Maybe that's why I feel so— Because of my political work, I get a lot of folks after the elections, "Hey, Grace! Congratulations! How do you feel?" I'm like, "I should be feeling excited and great and happy." But I don't. I'm not. And I think it's because people, a lot of folks came out and voted for Trump. I wasn't expecting that. And so to think that half of the people who voted for him, these people are not good people. And those are the people living in our country that could be my neighbor, this is my co-worker! So the most surprising part of this was the ugly people came out of the woodwork.

CONOR 00:58:19: I wonder if you can reflect on any positive experiences that happened during the pandemic?

GRACE 00:58:24: Positive? Personally, money. I saved a lot of money, personally. I don't know. Other than that? My husband and I cook well together! (*laughs*) Workwise? (*sighs*) We've all had a sense of humor, I think. I'm very proud of our team at work. We seem— We're like the Eveready Bunny! We just keep going! It is what it is, you know? I'm proud of our team. Considering what we went through last year with our black flecks and our contaminants, and then we've gone through this again. I think we've done a pretty good job of keeping our heads above water. We've gone through two managers now through this. We just fired— Our manager just got fired two days ago. And the one before that, they put

all the blame on her for the contaminants! So they came and told us, "Well, you know, Code Lavender is available if you need."

Code Lavender is, in time of distress, they will call counselors for us. They thought we needed it when we were notified that our manager was no longer our manager. Nah! We saw it coming! But our team—we're doing really well together, we've held up really well.

CONOR 01:00:12: Well, Grace, thank you so much. I was wondering if there are any other thoughts that you'd like to share, or any stuff that I've missed asking you about that you think's important that people know about?

GRACE 01:00:25: I always get asked what can the community or the public do to help keep the health care workers safe? And I always say, "Follow the mandates. Mask up. Do the social distancing, to stay away from the hospitals. We need those beds for the sick patients." Right now, we are having to do surgeries that are— We're doing surgeries that don't prolong the stay, because we need to free up those beds for COVID patients. So I always say, Please mask up, do your social distancing. Follow the governor's mandate. Stay home. Don't socialize, as much as possible. Keep the healthcare workers safe! So we can do our job.

CONOR 01:01:28: Well, thank you so much for your time. If it's okay with you, I will stop recording, but I just wanted to acknowledge and thank you for donating your time to this project and sharing your story. I really appreciate it.

GRACE 01:01:40: Okay!